

brain-substance. In Dr. Downs's case, the operation could not have restored the healthy condition of the brain, but only have afforded temporary relief at best. In other cases, however, the operation would certainly remove the chief part of the trouble; and by keeping the wound open to allow the pus to discharge, I see no reason why there should not be a fair chance for considerable prolongation of life, and even recovery.

*May 3. Operation for Supposed Ovarian Tumour.*—Dr. PACKARD remarked, that he was reminded by Dr. Atlee's case (see number of this Journal for July, 1871, p. 157), of one which occurred to him in 1863, in which, however, the result was less favourable. It was that of an unmarried woman aged 21, the subject of an abdominal tumour, which caused at times acute pain, and which greatly impeded respiration. The swelling had first made its appearance about a year previously, just above the left groin, and presented the usual characters of a multilocular ovarian cyst; it seemed to be free from adhesions. Menstruation was more frequent than normal. The patient was otherwise in good health.

On the 21st of October, Dr. J. C. Morris, who was attending the case, introduced a trocar and canula at the upper part of the tumour in the median line, and drew off about a pint of slightly bloody serum. After careful consideration, Dr. A. Fricke, Dr. Morris, and myself, decided upon attempting ovariectomy, and did so on the 26th.

Anæsthesia having been induced, and the patient suitably placed on a strong table, I made an incision about four inches in length in the median line. The peritoneum bulged out so as to simulate intestine. Dividing it, I passed my hand in and felt around the tumour, which was very firm, but free anteriorly from adhesions. The incision was now extended upwards about four inches further.

Passing a large trocar into what was taken to be one of the cysts, I endeavoured to empty it, but no fluid escaped. On the withdrawal of the instrument, a copious flow of venous blood ensued, and from the character of the pierced tissue I was satisfied that it was that of the uterine wall. The wound was at once dilated, and the bleeding vessel secured.

It being now evident that the removal of the tumour was impracticable, we only waited for the hemorrhage to cease, and then closed the wound in the uterine wall by two silver-wire sutures. The incision through the abdominal parietes was brought together with harelip sutures and strips of isinglass plaster. Warm flannels were applied, and stimulus given.

For a day or two, morphia was freely given by the mouth, but as it caused nausea, it was discontinued, and opium suppositories employed instead. This symptom was very troublesome for about two weeks, although combated by means of iced drinks, effervescing draught, hydrocyanic acid, &c. Her pulse steadily but gradually rose, and the abdomen became extremely tympanitic; the swelling causing the long ends of the silver sutures, applied to the uterine wound, to disappear into the peritoneal cavity. The external wound did very well, only giving pain when she vomited. Some bloody discharge, supposed to be menstrual, took place from the vagina for several days after the operation. Her main source of suffering was from the embarrassment to her respiration, arising partly from flatulence, to allay which hot poultices were used with some benefit. She grew weaker and weaker, her pulse rising steadily, and her mind wandering at times. Two or three days before her death she rallied a little; began to eat with more appetite, seemed to gain strength, and

was quite rational. The improvement was but temporary, and on November 10th she died exhausted.

An *autopsy* was made nine hours after death. Abdomen only examined. The tumour was found free from adhesions, except one or two slight bands going to the intestines. Several large flakes of yellow lymph lay in the peritoneal cavity, but there was no liquid effusion. The wound in the uterus was wholly healed, without any sign of surrounding inflammation. The tumour, which was fibrous and solid, presented a most deceptive fluctuation; it seemed to have been developed from several centres, chiefly, perhaps, from the left ovary; a strong fibrous pedicle connected it with the upper and back part of the uterus. In the centre of one fibrous mass was what seemed to be a shrunken cyst. The whole tumour was judged to weigh thirteen or fourteen pounds, and filled up the cavity of the pelvis almost completely. The uterus was flattened out in front of it.

*May 17. Results of Hip-joint Excision.*—Dr. JOHN ASHHURST, Jr., exhibited a patient upon whom he had performed excision of the hip-joint for hip disease, at the Episcopal Hospital, in February, 1867. The early history of the case was fully reported in the second volume of the *Pennsylvania Hospital Reports*, and the patient was now introduced to show the final result of the operation. The sinuses, of which several existed at the time of the patient's leaving the hospital, were now entirely closed, and the wound had remained firmly healed for several months; the limb was very useful, the patient—now nearly ten years old—walking easily and rapidly, without support or assistance of any kind. The growth of the limb on which the excision had been performed had been very nearly equal to that of its fellow, the amount of shortening being at present not more than a quarter of an inch greater than the length of the portion of bone removed.

In connection with this case, Dr. Ashhurst exhibited also the head and neck of a femur removed by excision from a patient in the Children's Hospital, on account of advanced hip disease. The latter case was still under observation, but the specimen was shown as illustrating very well the change in the form of the bone which accompanies the ultimate stages of coxalgia, the neck of the femur having almost disappeared, and the head being reduced to a mere nodule of bone, by the persistence of caries and of long-continued suppuration. From an inspection of this specimen, it was easy to understand how the external appearances might lead to the supposition that a true dislocation had occurred, while yet dissection would show that the caput femoris, or what remained of it, was actually in the acetabulum.

With regard to the circumstances under which hip-joint excision should be performed, Dr. Ashhurst urged that the operation should be looked upon as a last resort, not to be employed as long as a reasonable prospect remained of saving life in any other way. The statistics of nearly four hundred recorded cases, to which he had references, showed, he thought, the operation to be one of such gravity that it ought not to be undertaken unless when its necessity was very evident, the mortality being in round numbers one-half of all terminated cases, and about one in three dying even at the most favourable age for operative interference. Should, however, excision be determined upon, Dr. Ashhurst urged that the removal of diseased bone should be as thorough as possible, no additional risk being entailed by such a course, while the period of convalescence would be materially shortened.